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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 53 Valley 0926 Glasgow K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage Capacity Inspection 100 1-A 53-1-12 87.6 1.57 72 07/30/04 100 1-A 53-1-14 46 0.95 18 07/30/04 100 53-1-16 9 0.95 07/30/04 1-A 12 100 1-A 53-1-17 116 1.57 72 07/30/04 100 1-A 53-1-2 68.2 0.95 48 07/30/04 100 1-A 53-1-4 96 1.15 54 07/30/04 1-A 100 53-1-5 84 1.15 54 07/30/04 100 1-A 53-1-6 50.5 1.57 72 07/30/04

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent 5: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 53 Valley 0932 Hinsdale Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 50 7A 1 144 1.15 53 08/02/04 2 50 7A 141 1.57 72 08/02/04 50 7A 3 142.8 0.95 42 08/02/04 4 53 50 7A 123.4 1.15 08/02/04

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			•							
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	R STATE R	EIME	BURSEMEN	T FOR S	СНО	OL BUS TRA	NSPORTATION	•
This clain	n is for the	period beginning	month		day,	20 aı	nd endir	0	/	20 ay
CERTIFI	[CATIO]	N:								
		this form is comp	lete and accurat	e to the	e best of my kn	owledge.				
Date			Signature, Chair	r, Board	d of Trustees					
County:			District:						District Le	evel:
53 Valle	y		0933 Hins	sdale	HS				High S	School
Percentage	District #	Route #	Mil Per l		Rate Per Mile	Capaci	ty	Inspection	Days Operated	Bus Driver's Social Security #
50	7C	1	14	4	1.15	53		08/02/04		
50	7C	2	14	1	1.57	72		08/02/04		
50	7C	3	142	2.8	0.95	42		08/02/04		
50	7C	4	123	3.4	1.15	53		08/02/04		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		February 1 to February 15 t	rst Semester County Superin o State Superint	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim is for the period beginning					20 and	and ending, 20				
			month	day		month day				
CERTIFICATION:										
The infor	mation on	this form is complet	e and accurate to the	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees										
County:		D	istrict:			District Level:				
53 Valle	y	0	0935 Opheim K-12 Schools			High School				
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	9D	53-9-1-100.4	100.4	0.95	42	08/09/04				
100	9D	53-9-3-95	95	0.95	42	08/09/04				
100	9D	53-9-4-103.4	103.4	0.95	36	08/09/04				
100	9D	53-9-7-103.2	88	1.15	54	08/09/04				

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

— — Helena, WH 33020-2301											
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE THI	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR S	CHOOL	BUS TRA	NSPORTA	TION:	
This claim is for the period beginning					20 ar	and ending , 20 .					
			1	nonth	day		month day				
CERTIFICATION:											
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees					d of Trustees						
County: District:					District Level:						
53 Valle	y		0937 Nashua K-12 Schools			ols		High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ty I	nspection	Days Opera		Bus Driver's Social Security #
100	13E	53-13-1-10)9	88	1.36	60	(08/02/04			
100	13E	53-13-1-10	53-13-1-109A		1.36	60	(08/02/04			
100	13E	53-13-2-8	53-13-2-85		1.57	72	(08/02/04			
100	13E	53-13-2-85	53-13-2-85A		1.57	72	(08/02/04			
100	13E	53-13-3-12	24	126	0.95	42	(08/02/04			